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PTO/SB/22 (01-08)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  13195-00006-US
Application Number	10/539,954-Conf. #8865	Filed June 17, 2005
For METHOD FOR PRODUCING AMINO ACIDS		
Art Unit	1652	Examiner I.H. Chowdhury
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120      Small Entity Fee \$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$460      Small Entity Fee \$230
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1050      Small Entity Fee \$525      \$ 1,050.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1640      Small Entity Fee \$820
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2230      Small Entity Fee \$1115
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-2775</u> . I have enclosed a duplicate copy of this sheet.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,421</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34		
<u>Robert M. D. Makowski</u> Signature		
March 7, 2008 Date		
<u>Robert M. D. Makowski, Ph.D.</u> Typed or printed name		
(302) 658-9141 Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	

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